

ATTACHMENT J-0200000-05
FORMS

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

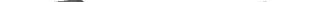
To be signed by the Contractor:

Print Name: RANDY VILLANUEVA Date: 2/19/2020
Signed: Randy Villanueva

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Eric S. AKA Date: 2/14/2022

Signed: 

E-Mail:

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building:

Date of Visit: 2/17/2020

Contractor Personnel on Site:

ADPQA - W. O A

1. PLA-MS - 10018 - 6991
2. PLA-MS - 10020 - 6992
3. PLA-MS - 10025 - 6993
- PLA-MS - 9972 - 7019

Work Performed:

PLA-QT - 10014 - 7020

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. PLA-QT - 10021 - 7021
2. PLA-QT - 10022 - 7022
3. PLA-QT - 9975 - 7216
4. PLA-QT - 9976 - 7217
5. PLA-QT - 9977 - 7218
- PLA-SA - 10025 - 7219

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____